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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Rwanda

Proposed UNFPA assistance:	$7.0 million, $4.75 million from regular resources and $2.25 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2002-2006)
Cycle of assistance:	Fifth
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	2.5	1.25	3.75
Population and development strategies	1.0	.5	1.5
Advocacy	.75	.5	1.25
Programme coordination and assistance	.5	-	.5
Total	4.75	2.25	7.0

RWANDA

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1]	26	≥60
Contraceptive prevalence rate (%)[2]	21	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3]	7.92	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4]	56.4	≤65
Infant mortality rate (per 1,000 live births)[5]	124	≤50
Maternal mortality ratio (per 100,000 live births)[6]	--	≤100
Adult female literacy rate (%)[7]	52	≥50
Secondary net enrolment ratio (%)[8]	--	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

1/ Electronic database, World Health Organization, December, 1999.
2/ United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3/ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4/ United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development, 2001*
5/ United Nations Population Division, *World Population Prospects: The 1998 Revision.*
6/ The World Bank, *World Development Indicators, 2000.*
7/ UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8/ UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2001	7,949	Annual population growth rate (%)	2.11
Population in year 2015 (000)	10,504	Total fertility rate (/woman)	5.77
Sex ratio (/100 females)	98	Life expectancy at birth (years)	
Age distribution (%)		Males	40.2
Ages 0-14	44.3	Females	41.7
Youth (15-24)	22.2	Both sexes	40.9
Ages 60+	4.2	GNP per capita (U.S. dollars, 1998)	230

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme for the period 2002-2006 to assist the Government of Rwanda in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $7.0 million, of which $4.75 million would be programmed from UNFPA regular resources to the extent that such resources are available. UNFPA would seek to provide the balance of $2.25 million from co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be the Fund's fifth programme of assistance to Rwanda.

2. The proposed programme was formulated in close consultation with national authorities and on the basis of individual project evaluations, an in-depth Common Country Assessment (CCA) conducted by the United Nations country team in the year 2000, a Country Population Assessment (CPA) carried out by UNFPA in early 2001, and the findings and recommendations of the midterm review of the fourth country programme. The proposed programme takes into account the Government's development objectives as set forth in the document Rwanda Vision 2020 and is complementary with the United Nations Development Assistance Framework (UNDAF), particularly with regard to the goals and strategies elaborated for the areas of HIV/AIDS and reproductive health. The proposed programme cycle would be harmonized with the period covered by the UNDAF (2002-2006); the programmes of other agencies are expected to be similarly harmonized starting in the year 2007.

3. The aftermath of the genocide and massacres of 1994 continues to pose a challenge to sustainable development in Rwanda and specifically to successful implementation of the Programme of Action of the International Conference on Population and Development (ICPD). The goal of the proposed UNFPA programme is to help the Government improve the well-being and quality of life of the people of Rwanda by improving reproductive health, strengthening planning for sustainable development, and enhancing gender equity and equality. The proposed programme aims to help increase the productive capacity of the poor by channelling UNFPA support through three subprogrammes focusing on: (a) improving reproductive health and reducing gender-based violence and discrimination; (b) improving the country's population database and its capacity for national and decentralized development planning; and (c) increasing community and household participation in development initiatives. Gender awareness and equality and equity issues would be mainstreamed throughout these subprogrammes to help empower women.

4. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the ICPD Programme of Action, which was endorsed by the General Assembly through its resolution 49/128.

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Background

5. Rwanda has an estimated population of 8.6 million. Annual population growth is estimated at 2.9 per cent, but the country's social fabric has been all but destroyed by a number of ethnically motivated massacres that began in 1959 and climaxed in the genocide of 1994. The effects of these massacres, and of war and conflict in the Great Lakes region in general, have caused massive population movements and have pushed over 60 per cent of the population into poverty. One third of all households are headed by widows or orphans. About 46 per cent of the population are less than 15 years old, and 20 per cent of all children do not reach the age of five. About 13.7 per cent of Rwandans aged 15-49 are infected with HIV/AIDS, and the average life expectancy has dropped to an estimated 40.5 years. Effective population and development planning is inhibited by the lack of an up-to-date, decentralized and sex-disaggregated database; the country's latest HIV/AIDS prevalence figures, for example, are for 1997.

6. According to the demographic and health survey (DHS) conducted in 2000, the total fertility rate is 5.8. Infant and maternal mortality are high. Although 34 per cent of married women responding to the DHS did not want more children, only 4 per cent of married women use a modern contraceptive method. Condom use is low despite relatively strong awareness of the dangers of HIV/AIDS and how it is transmitted. About 70 per cent of deliveries take place without skilled attendants. In short, while awareness of good reproductive health practices is very high, there is a great disparity between awareness and actual practices and behaviour.

7. Rwanda remains dependent on external assistance, with official assistance amounting to $33 per capita in 1999. Prospects for effective management of external assistance have improved with the completion of the interim Poverty Reduction Strategy Paper (PRSP) and the launch of a consultative and full-fledged PRSP process. Key structural reforms undertaken since 1997 have focused on liberalizing economic activities and promoting private sector development, market-based agriculture, and the empowerment of women, including a landmark amendment to the civil code that gives women the right to inherit and own property. Although policy makers have demonstrated a strong willingness to pass laws prohibiting discrimination against women, gender-based violence and inequality remain widespread at both the community and household levels.

Previous UNFPA assistance

8. UNFPA began providing assistance to Rwanda in 1975 and initiated the first country programme in 1982. The fourth programme of assistance, for the years 1998-2000, was approved in the amount of $5.0 million, $800.000 of which was to be mobilized from multi-bilateral and/or other resources. A UNFPA Programme Review and Strategy Development (PRSD) mission recommended that assistance focus on reproductive health by upgrading

services in five of the country's 12 prefectures – Byumba, Gitarama, Kibungo, Kigali Rural and Umutara. This programme was extended to the end of 2001 to achieve programme cycle harmonization within the context of the UNDAF.

9. The programme's achievements include: (a) improving the quality of reproductive health services in district hospitals and health centres through provision of communications equipment, ambulances, and staff training on emergency obstetric care and the operation of management information systems; (b) establishing seven new youth centres, with staff trained in the provision of reproductive health counselling and basic services, treatment of sexually transmitted infections (STIs) and prevention of HIV/AIDS; (c) training educators to integrate gender and reproductive health topics into primary education and functional literacy programmes; (d) conducting regular information, education and communication (IEC) training sessions for the staff of ministries charged with the prevention of STIs, including HIV/AIDS, and promoting the rights of women; (e) elaboration of the national population policy; and (f) supporting advocacy initiatives to enhance the rights and status of women, facilitate their representation in leadership positions at central and decentralized levels, enhance their rights to land ownership, and ensure their protection against gender-based violence.

10. Multi-bilateral and other resources received during the fourth country programme totaled $1.9 million; expenditures of regular resources are expected to reach $3.8 million. Resources received include $600,000 from the Government of Switzerland for the production of youth-targeted HIV/AIDS information programmes for radio and television. The Government of the Netherlands gave $700,000 for the provision of reproductive health care and services, including a mobile clinic established in collaboration with CARE International, for newly settled populations in the province of Umutara. UNAIDS helped integrate reproductive health services and HIV/AIDS prevention activities for commercial sex workers in the eastern border area through the Association pour le Bien-Etre Familial (ARBEF), the national affiliate of the International Planned Parenthood Federation (IPPF). The Governments of the United Kingdom and the Netherlands provided $500,000 to enable UNFPA to resume its contraceptive commodity supply programme, enough to cover the country's estimated needs for 2001-2002.

11. Key lessons learned from past programmes include the need to: (a) expand partnerships with the private sector and civil society; (b) give priority to preventive and community health, including programmes targeting traditional health practices; (c) upgrade IEC capabilities to better address the specific reproductive health needs of youth; and (d) address the underutilization of public health services and contribute to the integration of reproductive health services as a part of primary health care. It is also recognized that due to the recent socio-political situation in Rwanda and throughout the Great Lakes region, programme management must be adaptable enough to quickly accommodate and respond to unforeseen contingencies and emergencies.

Other external assistance

12. The United States Agency for International Development (USAID) and the Governments of Belgium, Germany and Italy are providing assistance in the area of reproductive health, particularly for HIV/AIDS prevention and care. Several United Nations agencies are providing assistance in the country's fight against HIV/AIDS. WHO, with support from the Government of Italy, and UNICEF are targeting mother-to-child transmission in particular.

13. A World Bank health and population project has provided major assistance since 1996 and will be extended for an additional five years beginning in 2002. The first phase of this assistance focused on rehabilitation of health services, the fight against HIV/AIDS, reproductive health and family planning programmes, and the strengthening of logistical management information systems.

14. The Government of the United Kingdom has approved a project concept note in support of the International Partnership Against Aids in Africa (IPAA), of which Rwanda will be one of three beneficiary countries. The Government of the United Kingdom is also supporting a new national household survey and the formulation of a strategic development plan for national statistics and data management. The European Union committed full support to the 2002 national population and housing census after initial financing was pledged by the Governments of the Netherlands and the United Kingdom and UNFPA.

15. All external assistance is coordinated by the Central Project and External Finance Bureau (CEPEX) of the Ministry of Finance and Economic Planning.

Proposed programme

16. The overall goal of the proposed programme is noted in paragraph 3 above. In order to maximize the impact of the proposed interventions with the limited financial resources available, the proposed programme would support the Government's decentralization policy and would concentrate its support on a comprehensive range of reproductive health and population and development activities at all administrative levels in three selected provinces, covering about 25 per cent of the estimated population of Rwanda.

17. While the population is mainly rural, the proposed programme interventions would take into account urban-rural differentials with respect to populations living in the national and provincial capitals. Geographic targeting of support will provide opportunities for upgrading the quality of services to better reach vulnerable groups through active partnerships with local and international non-governmental organizations (NGOs). Given that reproductive health and population and development indicators do not vary significantly throughout the country, the

actual selection of the provinces would be based on the findings of the UNDAF and the geographic and thematic targeting of the other major development partners so that the entire population would eventually be covered in an equitable manner.

18. The programme's overall strategy calls for organizing the programme around three core areas – reproductive health, population and development strategies, and advocacy. The programme supports the Government's decentralization policy through empowering women, communities and households to plan, undertake and monitor development initiatives that will enhance their productive capacities and improve their reproductive health. All of the interventions would focus on a multisectoral approach designed to strengthen social cohesion and national reconciliation. This focus is essential as the proposed programme has been designed to contribute to socio-political stability in the Great Lakes region. The respective programme and subprogramme strategies have been designed to obtain the best possible synergies for achieving programme goals, particularly through the combined impact of community mobilization that is an expected output of each of the core programme areas. The resources for programme coordination and assistance will be allocated to strengthen complementarities within the programme and with the programmes of other external assistance partners and to maximize human resource capacity building.

19. Reproductive health. The purpose of the reproductive health subprogramme is to contribute to increased utilization of gender-responsive reproductive health services and the adoption of safe reproductive and sexual behaviours. The strategy proposed for implementation of this subprogramme calls for support for the strengthening of technical, managerial and coordination capacities, at central and decentralized levels, in the programme intervention zones. It also calls for intensified interventions at decentralized levels through integration of comprehensive reproductive health services and information dissemination into community-based development initiatives. Implementation of this strategy is expected to result in cost-effective and gender-sensitive reproductive health services, particularly for youth and other vulnerable groups.

20. The first output of the reproductive health subprogramme would be increased availability of quality reproductive health services for women, men and adolescents living in the programme intervention zones, with particular attention to the prevention of STIs, including HIV/AIDS, among youth. This output would focus on the establishment of baseline data on reproductive health needs, including a comprehensive assessment of the availability, accessibility and effectiveness of reproductive health services. Confidential, client-friendly approaches to reproductive health services would be implemented, with particular attention to the needs of adolescents. This output would also focus on providing support for referral systems, on the training of community authorities in the management of community-based services, and on the training of technical and outreach staff.

21. The second output would be strengthened national institutional and technical capacities of governmental and non-governmental institutions to manage reproductive health programmes and provide quality services. The focus would be on: (a) formulation, implementation and evaluation of a reproductive health policy as part of the national health policy; (b) development of cost-effective reproductive health strategies for national and decentralized implementation; (c) strengthening of institutional coordination among all units involved in reproductive health service delivery; (d) revision and development of norms and standards for reproductive health service delivery; (e) elaboration and implementation of reproductive health commodity security plans and procedures; (f) strengthening of logistic and management information systems at decentralized levels; (g) provision of information on HIV/AIDS prevention in the context of a common regional and national response to the pandemic; and (h) training staff in the management, coordination and monitoring of programmes in a decentralized context.

22. The third output would be increased demand for reproductive health services resulting from the improved quality of services provided and from the development of knowledge, attitudes and behaviour favourable to good reproductive health, particularly among youth. This output would begin with the implementation and evaluation of a national IEC and behaviour change communication (BCC) strategy for reproductive health and on the training of a core of technical staff required for the implementation of this strategy. A cross-sectoral mechanism would be established for the formulation, coordination, monitoring and evaluation of an overall communication plan, and support would be given to its integration into development programmes in both formal and non-formal settings. This output would also focus on the provision of consistent counselling at the service delivery points, organization of IEC/BCC as a part of reproductive health and other development activities, and the development and distribution of necessary IEC/BCC materials.

23. Population and development strategies. The purpose of the population and development strategies subprogramme is to contribute to the participatory formulation, adoption and implementation of policies, plans and programmes that take into consideration interrelated issues pertaining to population, gender and sustainable development. The subprogramme would focus on establishing the respective institutional, technical and data management capacities required to achieve a comprehensive, multisectoral approach to population and development planning that would be integrated with the main economic and sectoral development policies and plans of the Government. Training for development planning at decentralized levels is expected to provide the basis for community participation in programmes for sustainable development.

24. The first output of the population and development strategies subprogramme would be enhanced institutional and technical capacities of the Government and civil society to manage and monitor the national population policy and programme at central and decentralized levels. The focus would be on: (a) strengthening institutional capacities for multisectoral coordination of

population and development activities in a decentralized context; (b) providing staff with the necessary technical skills to implement the national population policy; (c) establishing and maintaining an information and communication network for population and development; and (d) enhancing collaboration with civil society in the implementation of the national population policy and programme.

25. The second output would be increased availability of population data and analyses to the Government and civil society for development policy-making, planning and programme implementation. This output would be achieved through: (a) training in research and data collection and management to monitor the impact of population and development programmes; (b) preparation of a comprehensive research agenda supporting a multidisciplinary approach to population and development, including reproductive health and family planning needs and demands; (c) establishment of an integrated population database to support development planning in a decentralized context; (d) development of models for increased understanding of the interrelationships between population, development and environmental issues; (e) utilization of population data in national, regional, sectoral and decentralized development plans; and (f) support to the 2002 national population and housing census and other demographic and sociocultural surveys.

26. The third output would be increased community participation in the design, analysis and implementation of population and development plans. Efforts would be made to sensitize local leaders to have a better understanding of population and development interrelationships and to strengthen civil society participation in the implementation of the national population policy. Training would be organized to provide technical staff at decentralized levels with a better understanding of population issues and to help build the capacities of local community members for participatory development planning and the management of available resources.

27. Advocacy. The purpose of the advocacy subprogramme is to contribute to an environment favourable to the implementation and application of population and development policies and programmes that promote reproductive rights, enhance gender equity and equality, and strengthen the capacities of communities and households to manage available resources. The proposed strategy for this subprogramme would focus on: (a) contributing to the elimination of gender- and reproductive health-related discrimination; and (b) promoting community programmes that help to empower households to achieve self-development and effective participation in resource management, as specified in the objectives of the national decentralization policy.

28. The first output would be strengthened capacity for advocacy by political and community leaders at all levels in support of the implementation of laws that protect the rights of girls and eliminate gender-based discrimination. This would begin with the formulation of a

communication plan for effective advocacy as part of an overall communication plan and the sensitization and training of political and community leaders regarding the need to implement laws that support gender equality and equity. Advocacy activities would be targeted at parliamentarians, the judiciary, police, women and religious groups to increase their support for laws that promote gender equality and equity and help halt the spread of HIV/AIDS. Advocacy activities would also be targeted at school and community leaders as part of an effort to increase school enrolment and retention for girls. Emphasis would also be placed on the sharing of experiences with regard to adolescent reproductive health with parents and community leaders.

29. The second output would be increased support for the adoption of laws, policies and programmes that promote reproductive rights, the education of girls, and the eradication of gender-based violence. Emphasis would be placed on: (a) sensitization of leaders and parliamentarians regarding the need to develop and adopt laws promoting gender equity and reproductive health; (b) support for new programmes that prevent or address teenage pregnancy, forced marriages and domestic violence; and (c) strengthening community mechanisms to assist persons infected with or affected by HIV/AIDS.

30. The third output would be increased commitment by leaders to participatory activities that empower communities and households to effectively manage available resources. Activities to support this output would include: (a) research on factors shaping decision-making regarding the allocation of household resources; (b) documentation and dissemination of "best practices" regarding the effective management of available household resources; (c) development of a programme methodology and outline to facilitate understanding of the concept of integrated household resource management; and (d) targeting of advocacy activities to opinion leaders who support programmes to empower communities, households and women.

Programme implementation, coordination, monitoring and evaluation

31. The proposed programme would be primarily executed and implemented by the Government, with various ministries and the National Population Office sharing responsibility for different subprogrammes. Within the selected programme intervention zones, responsibility for execution and implementation would eventually be delegated to decentralized structures and civil society organizations. The Government is currently in the process of implementing a democratic decentralization programme as one of its strategies to reduce poverty and to improve the quality of governance; an appropriate institutional cadre would need to be established in order for the proposed programme to fully seize the opportunity to mobilize local communities for active participation in reproductive health service delivery and population and development planning. Gradually, programme responsibilities would be delegated to the authorities at the district and lower levels; the community development structures now being established at each of these decentralized levels are expected to provide the required institutional mechanism for such delegation.

32. Facilitating strong partnership and collaboration is particularly important as past emergency and security situations in the country have contributed to the fragmentation of project activities. A five-year programme management plan addresses the need to establish programme synergies and to ensure that individual projects are managed as integral parts of the work plans of executing and implementing agencies. Programme integration, ownership and involvement by central and decentralized authorities would be achieved through regular coordination at the managerial and political levels and through continued training and sensitization of technical staff involved in the execution and implementation of the programme. Common operational standards would need to be established among United Nations system agencies and other donors.

33. The programme management plan would: (a) facilitate the application of the results-based management approach; (b) combine the information from the three subprogramme logical framework matrices and component project work plans to meet major programme planning, monitoring and evaluation requirements as per UNFPA guidelines; and (c) include information from the United Nations country team and the UNDAF and from relevant surveys, research and evaluations conducted by other development partners.

34. Monitoring and evaluation of the programme would be conducted in accordance with UNFPA policies, procedures and guidelines. A programme coordinating committee, chaired by the Ministry of Finance and Economic Planning, would be established at the technical level to update and monitor the implementation of the programme management plan. A high-level intersectoral programme steering committee would convene annually to review the programme management plan, assess programme orientation and organize a midterm review in 2004. To reinforce technical capacities and ensure regular follow-up and backstopping, it is proposed that up to three national professional project staff members be recruited to assist the country office in supporting and monitoring the implementation of the proposed programme.

35. Project activities focused on the upgrading of reproductive health services, working with adolescents, strengthening non-formal reproductive health education, and enhancing gender equity and equality would be reoriented and expanded after completion of the final annual project review in order to optimize their IEC impact, achieve community-based population and development planning, and empower women, households and communities to conduct effective resource management. Other ongoing project activities would be phased out in favour of new component projects related to IEC and advocacy.

36. The UNFPA country office is composed of a Representative, an Assistant Representative, a programme officer, a programme assistant, an administrative and finance assistant, a secretary and two drivers. The country office will: (a) develop the initial programme management plan; (b) maintain transparent and accountable programme management; (c) ensure that the necessary

technical backstopping is provided with the assistance of the Country Technical Services Team in Addis Ababa; (d) contribute to the establishment of common operational standards; (e) mobilize the additional resources required for the implementation of the proposed programme; (f) promote donor coordination in the areas of reproductive health and population and development; (g) foster the partnerships required for effective collaboration and joint programming; and (h) ensure that the programme is implemented within the context of the UNDAF.

Recommendation

37. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Rwanda, as presented above, in the amount of $7.0 million for the period 2002-2006, of which $4.75 million would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek the balance of $2.25 million through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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